PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

Application or Docket Number

09/462437

CLAIMS AS FILED - PART I														
(Column 1) (Column 2)										LL EN	TITY		ОТН	ER THAN
FOR		NUMBER FILE				R EXTRA	7	TYPE		FEE				
BASIC F	EE		* .	7.7						35166	0.00	OR	RATE	FEE 769.00
TOTAL CLAIMS			9	minu	ıs 20=			ANA	X\$ 9			1		1/-6
INDEPENDENT CLAIMS			2	/ min	us 3 =	*		1				OR	 	4
MULTIPLE DEPENDENT CLAIM PRESENT							-	X39=	<u> </u>	<u> </u>	OR	X78=	1	
* If the difference in column 1 is less than zero, enter "0" in column 2								┙ ╽	+130=			OR	+260=	26/
CLAIMS AS AMENDED - PART II									TOTA			OR	TOTAL	1/4/
		(Colu	ımn 1)		(C	olumn 2)	(Column 3	<u>)</u>	SMAL	L ENTI	TY	OR		R THAN - ENTITY
Total		REM/	AINING TER DMENT		PR	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RATE	AD TIOI FE	VAL		RATE	ADDI- TIONAL FEE
Total Indepe	endent	1:3	9	Minus Minus	**		=/2		X\$ 9=			OR	X\$18=	216
FIRST		ENTATIO	N OF M	ULTIPLE DI	EPENDI	ENT CLAIM	<u> </u>	┨╏	X39=			OR	X78=	
								'	+130=			OR	+260=	
•								- Al	TOTAL ODIT. FEE			OR 🚡	TOTAL	
FERREN	Con victory	(Colui				olumn 2)	(Column 3)					•		·
		REMA AFT AMEND	INING ER		PRE	IGHEST UMBER EVIOUSLY ND FOR	PRESENT EXTRA		RATE	ADD TION FEE	AL		RATE	ADDI- TIONAL FEE
Total	- 44 - 4	*		Minus	**		=		X\$ 9=			OR	X\$18=	
Indeper FIRST I		* NTATION	OF MI	Minus ILTIPLE DE	###	ACT OL'AUA	=		X39=		7	OR -	X78=	
			01 1010	CIPLE DE	PENDE	NI CLAIM			130=				+260=	
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		(Colum				umn 2)	(Column 3)				•	~L		
	Miles in the	CLAIN REMAIN AFTE AMENDN	IING R		NU PREV	SHEST MBER MOUSLY D FOR	PRESENT EXTRA	F	ATE	ADDI TIONA FEE			RATE	ADDI- TIONAL FEE
Total		t ·		Minus	**		=	Tx	\$ 9=	<u></u>	o	<u>,</u>	X\$18=	-166
Independ	الل	TATION	- 1	Minus	###		=	<u> </u>	39=	<u>·</u> _	7			
rinoi Pi	NESEN	IAHON	JF MUL	TIPLE DEP	ENDEN	IT CLAIM		 	~~~			٦ <u> </u>	X78=	
the entry in column 1 is less than the entry in column 2, write "0" in column 3. Ithe "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								Ŀ	30=	, *	OF	<u> ا</u>	·260=	
if the "Highe	st Numi	per Previou ber Previou	isty Paid Istv Paid	FOR IN THIS	SPACE	is less than	00	· ADDI	TOTAL T. FEE	oodate 5	OF		TOTAL DIT. FEE	